

LACKAWANNA COUNTY DEPARTMENT OF PLANNING & ECONOMIC DEVELOPMENT
PRELIMINARY APPLICATION
HOUSING REHABILITATION ASSISTANCE PROGRAM

MUNICIPALITY: _____

(The applicant is advised that all information furnished below is held strictly confidential)

Name: _____ Date: _____

Address: _____ Home Phone # _____

NAME(S) ON DEED _____ DEED BK # _____ PAGE # _____

NUMBER IN HOUSEHOLD _____ MINORS IN HOUSEHOLD _____

HOW LONG HAVE YOU: OWNED _____ RENTED _____ THIS PROPERTY? _____(yrs)

TYPE: Single _____ Duplex _____ Mobile _____ Multi-family _____

PLEASE CHECK INCOME SOURCES THAT APPLY TO YOUR HOUSEHOLD:

Wages _____	Social Security _____	Black Lung _____
Veterans' Benefits _____	Pension _____	Public Assistance _____
Alimony _____	Child Support _____	Unemployment compensation _____
Rental Income _____	Disability _____	Interest Income (Savings,CD's,etc.) _____
	Other (specify) _____	

Name	Age	SSN#	<u>Gross Annual Income</u>
_____	_____	_____ - _____ - _____	\$ _____
_____	_____	_____ - _____ - _____	\$ _____
_____	_____	_____ - _____ - _____	\$ _____

(If additional space is needed, use reverse side of application.)

ANNUAL TOTAL GROSS HOUSEHOLD INCOME: \$ _____

CERTIFICATION OF APPLICANT:

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant through the Housing Rehabilitation Assistance Program which is being administered by the Lackawanna County Department of Planning and Economic Development on behalf of the above referenced Municipality.

The Department of Planning and Economic Development is hereby authorized to obtain the necessary information and verification to properly execute my grant application.

I/we agree to allow rehabilitation specialist(s) to inspect my/our home and prepare work specifications. I/we shall cooperate fully in obtaining contractors to inspect the property and will procure legitimate bids for the rehabilitation work in accordance with the approved work specifications.

I/we further agree to have the Lackawanna County Department of Planning and Economic Development act as Escrow agent to disburse the Federal, State, or private funds.

Signed _____

Date _____

Signed _____

DPED Pre-App # _____

RETURN TO: Lackawanna County Department of Planning and Economic Development
 135 Jefferson Avenue
 2nd Floor
 Scranton, PA 18503

Note: Applications will remain on file for 3 years from date of receipt.

**ON THE REVERSE SIDE OF THIS APPLICATION PLEASE LIST THE DEFICIENCIES AT YOUR HOME
WHICH YOU FEEL MOST NEED IMMEDIATE ATTENTION.**

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